

## Declaration for Patent Application and Power of Attorney

As a below named inventor, I hereby declare that my residence, post office address, and citizenship are as stated below next to my name, and that I believe I am the original, first and sole inventor (if only one is listed) or an original, first and joint inventor (if plural names are listed) of the subject matter which is claimed and for which a patent is sought on the invention described in the attached specification entitled **Hygienic Treatments of Body Structures.**

First or Sole Inventor:	Full name:	<b>MICHAEL BLACK</b>	Citizenship:	<b>US</b>
	Residence:	<b>560 Trinidad Lane, Foster City, CA 94404</b>		
	Postal Address:	<b>same as above</b>		

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

### PRIOR FOREIGN APPLICATION(S)

Country	Application Number	Date of Filing	Priority Claimed Under 35 U.S.C. §119
<b>NONE</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No

I claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

### PRIOR U. S. APPLICATION(S)

Application No.	Filing Date	Status
<b>NONE</b>		<input type="checkbox"/> Provisional <input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Regular

I hereby appoint Thomas J. McFarlane, Reg. No. 39,299, Marek Alboszta, Reg. No. 39,894, Katharina Schuster, Reg. No. 50,000, Ron Jacobs, Reg. No. 50,142, as my agents with full power of substitution to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith. Direct all correspondence to:

**Dr. Ron Jacobs**  
2345 Yale, 2<sup>nd</sup> Floor  
Palo Alto, CA 94306  
tel: (650) 424-0100  
fax: (650) 424-0141

The attorney docket number for this case is: **MIB-102**.

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Title 18, §1001 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

INVENTOR SIGNATURE(S)

**MICHAEL BLACK**

7/8/2003

Date

**POWER OF ATTORNEY**

The undersigned inventor in the attached application for Letters Patent for the invention entitled  
**Hygienic Treatments of Body Structures**, hereby appoints:

Thomas J. McFarlane, Reg. No. 39,299, Marek Alboszta, Reg. No. 39,894, Dr. Ron Jacobs,  
Reg. No. 50,142; Katharina Wang Schuster, Reg. No. 50,000

as his agents to prosecute this application and to transact all business in the Patent and Trademark  
Office connected therewith.

Please direct all communication relative to said application to the following correspondence  
address:

**Dr. Ron Jacobs**  
Lumen  
2345 Yale, 2<sup>nd</sup> Floor  
Palo Alto, CA 94306  
tel: (650) 424-0100  
fax: (650) 424-0141

Applicant:

Signature: 

Name:

Date: 7/8/2003